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## \*BIBDATASHEET\*

CONFIRMATION NO. 4796

Bib Data Sheet

SERIAL NUMBER 10/622,350	FILING DATE 07/18/2003 RULE	CLASS 257	GROUP ART UNIT 2818	ATTORNEY DOCKET NO. YOR920030046
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

*none or*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none or*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/20/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 10	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>MJ</i> Examiner's Signature	Initials			

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## TITLE

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